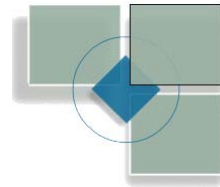


DeKalb County, Georgia
Department of Planning & Sustainability



ELECTRICAL PERMIT APPLICATION

Date: _____

Check Applicable Type:

☐ Residential ☐ Non-Residential

(Shaded area for office use only)

Mechanical Permit AP #:

Date Permit Issued:

Building Permit #

Job Address

City

State

Zip

Building No.

Floor No.

Apt / Lot #

Unit / Suite #

Electrical Information

Check One:

☐ New (New Bldg.)

☐ Addition (Bldg. Enlargement)

☐ Expansion (To Exist. Sys.)

☐ Replacement

REQUEST FOR TEMPORARY ELECTRICAL SERVICE

(COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR TEMPORARY POWER)

In accordance with DeKalb County Code, Section 7-32(c), when appropriate, please issue authorization for temporary approval on the electrical service conductors and service switch at the above job address for the following checked purposes:

- ☐ Testing of appliances and equipment.
- ☐ To provide heat during the winter months to prevent freeze damage to water systems and equipment and including but not limited to painting or installing wallpaper.
- ☐ Temporary occupancy of the building by no more than ten (10) employees only for training of employees or stocking of merchandise.

Temporary power approval is requested for a period of _____ days.

We (General Contractor / Property Owner / Electrical Contractor) understand that this temporary approval is issued only for the above stated purpose(s) and only after the electrical inspector deems the service conductors are properly protected, the service is properly made, and the grounding is complete. Furthermore, we understand that DeKalb County may, at its option, refuse and / or revoke this authorization for any of the following reasons:

1. Violation of any Building, Plumbing, HVAC, Electrical, and Site Development Codes or regulations.
2. Failure to complete any stage of construction and / or site improvements required by the DeKalb County Development Department in a timely manner consistent with good development practices.
3. Unauthorized occupancy or use of any part of the structure or building for which temporary approval for service is granted for any purpose other than normal continuing construction and requested purpose(s) noted above.

In return for the temporary approval, we hereby assume all responsibility and all liability for any use of electrical power during the requested temporary period.

If temporary approval is revoked and electrical power is discontinued for any of the reasons listed above, we hereby agree to relieve DeKalb County and its inspectors from any liability for damages or losses occurring from such action.

General Contractor's / Property Owner's Signature

Electrical Contractor's Signature

Name Printed

Name Printed

General Contractor's / Property Owner's Company Name

Electrical Contractor's Company Name

DESCRIPTION OF WORK: _____

FIXTURE FEE SCHEDULE

MINIMUM FEE \$75.00

METER LOOPS

TEMPORARY SERVICE POLE	NO. _____ AT \$10.00 = _____
30 AMPS	NO. _____ AT \$6.00 = _____
60 AMPS	NO. _____ AT \$8.00 = _____
100 AMPS	NO. _____ AT \$10.00 = _____
125 AMPS	NO. _____ AT \$12.00 = _____
150 AMPS	NO. _____ AT \$14.00 = _____
200 AMPS	NO. _____ AT \$16.00 = _____
300 AMPS	NO. _____ AT \$20.00 = _____
400 AMPS	NO. _____ AT \$25.00 = _____
401 TO 599 AMPS	NO. _____ AT \$30.00 = _____
600 AMPS & OVER	NO. _____ AT \$40.00 = _____

OUTLETS, SWITCHES & LIGHTS

RESIDENTIAL	NO. _____ AT \$1.00 EA. = _____
COMMERCIAL	NO. _____ AT \$1.50EA. = _____

RESIDENTIAL APPLIANCES

WATER HEATER	NO. _____ AT \$6.00 = _____
CLOTHES DRYER	NO. _____ AT \$6.00 = _____
DISHWASHER	NO. _____ AT \$4.00 = _____
DISPOSAL UNIT	NO. _____ AT \$4.00 = _____
FURNACE (GAS)	NO. _____ AT \$6.00 = _____
WASHING MACHINE	NO. _____ AT \$6.00 = _____

RESIDENTIAL RANGES

SURFACE UNIT	NO. _____ AT \$8.00 = _____
OVEN UNIT	NO. _____ AT \$8.00 = _____
COMBINED UNIT	NO. _____ AT \$10.00 = _____

FLOOD & AREA LIGHTING

100 TO 300 WATTS	NO. _____ AT \$6.00 = _____
400 TO 1000 WATTS	NO. _____ AT \$8.00 = _____
1001 WATTS AND OVER	NO. _____ AT \$10.00 = _____

TRANSFORMERS, ELECTRIC HEATERS

ELECTRIC FURNACES & APPLIANCES

LESS THAN 1 KW	NO. _____ AT \$6.00 = _____
1.0 TO 3.5 KW	NO. _____ AT \$8.00 = _____
4.0 TO 10 KW	NO. _____ AT \$10.00 = _____
10.5 TO 25 KW	NO. _____ AT \$15.00 = _____
OVER 25 KW	NO. _____ AT \$20.00 = _____

COMMERCIAL LIGHTING FIXTURES

FLOURESCENT FIXTURES	NO. _____ AT \$1.00 EA.= _____
COMMERCIAL FIXTURES	NO. _____ AT \$1.00 EA.= _____

OTHER

SUB FEEDS	NO. _____ AT \$0.10/A = _____
GAS DISPENSING PUMP	NO. _____ AT \$6.00 = _____
X-RAY MACHINES	NO. _____ AT \$12.00 = _____
SIGNS	NO. _____ AT \$25.00 = _____
SWIMMING POOLS	NO. _____ AT \$50.00 = _____
MOBILE HOMES	NO. _____ AT \$40.00 = _____
CATV JACKS	NO. _____ AT \$5.00 = _____
COMPUTER/DATA OUTLETS	NO. _____ AT \$5.00 = _____
LOW VOLTAGE CIRCUIT LIST:	NO. _____ AT \$5.00 = _____

SPAS, HOT TUBS & JACUZZI	NO. _____ AT \$15.00 = _____
CONSTRUCTION TRAILERS	NO. _____ AT \$50.00 = _____
RE-INSPECTION FEE	SEE (1) BELOW = _____

RE-INSPECTION FEE

1 ST Re-inspect. - \$0.00	4 th Re-inspection and after \$100.00
2 nd Re-inspect - \$25.00	
3 rd Re-inspect- \$50.00	

MOTOR FEES

Less than 1 HP	\$5.25	20.5 to 59 HP	\$23.25
1 to 5 HP	\$7.25	60 & over	\$30.00 plus
5.5 to 10 HP	\$9.25		\$.03/HP over
10.5 to 20 HP	\$13.25		

MOTORS

USE OF MOTORS	HP	VOLTS	PHASE	WIRE SIZE	RUN. CUR.	NO.	AMOUNT
AIR CONDITIONERS							
ATTIC FANS							
BATH FANS							
VENT HOODS							
ROOF VENTILATORS							

TOTAL OF ALL FEES ➡➡➡

\$

Company / Applicant Name:			Owner Name:		
Address:			Address:		
City:	State:	Zip	City:	State:	Zip
Tel #:			Tel #:		
Fax #:	Mobile #:		Fax #:	Mobile #:	
Email:			Email:		
State License #:	Business License #:		Signature of Homeowner:		
Signature of State Cardholder:			(sign only if work is being performed by homeowner)		
Print Name:			Print Name:		